

503122-920

(Official Form 1) (12/03)

FORM B1 United States Bankruptcy Court Northern District of Illinois			Voluntary Petition				
Name of Debtor (if individual, enter Last, First, Middle): <u>Johnson, Hereford</u>	Name of Joint Debtor (Spouse) (Last, First, Middle): <u>Johnson, Pamela</u>						
All Other Names used by the Debtor in the last 6 years (include married, maiden, and trade names): <u>None</u>	All Other Names used by the Joint Debtor in the last 6 years (include married, maiden, and trade names): <u>Pamela Adams</u>						
Last four digits of Soc.Sec.No./Complete EIN or other Tax I.D. No. (if more than one, state all): <u>1570</u>	Last four digits of Soc. Sec No./Complete EIN or other Tax I.D.No. (if more than one, state all): <u>3550</u>						
Street Address of Debtor (No. & Street, City, State & Zip Code): <u>1410 Fitzer Drive Joliet Illinois 60431</u>	Street Address of Joint Debtor (No. & Street, City, State & Zip Code): <u>1410 Fitzer Drive Joliet Illinois 60431</u>						
County of Residence or of the Principal Place of Business: <u>Will County</u>	County of Residence or of the Principal Place of Business: <u>Will County</u>						
Mailing Address of Debtor (if different from street address): <u>Same</u>	Mailing Address of Joint Debtor (if different from street address): <u>Same</u>						
Location of Principal Assets of Business Debtor (if different from street address above): <u>Not Applicable</u>							
Information Regarding the Debtor (Check the Applicable Boxes)							
Venue (Check any applicable box)							
<input checked="" type="checkbox"/> Debtor has been domiciled or has had a residence, principal place of business, or principal assets in this District for 180 days immediately preceding the date of this petition or for a longer part of such 180 days than in any other District. <input type="checkbox"/> There is a bankruptcy case concerning debtor's affiliate, general partner, or partnership pending in this District.							
Type of Debtor (Check all boxes that apply)	Chapter or Section of Bankruptcy Code Under Which the Petition is Filed (Check one box)						
<input type="checkbox"/> Individual(s) <input type="checkbox"/> Corporation <input type="checkbox"/> Partnership <input checked="" type="checkbox"/> Other <u>Joint (husband/wife)</u> <input type="checkbox"/>	Railroad <input type="checkbox"/> <input type="checkbox"/> Stockbroker <input type="checkbox"/> <input type="checkbox"/> Commodity Broker <input type="checkbox"/> <input type="checkbox"/> Clearing Bank	<input type="checkbox"/> Chapter 7 <input type="checkbox"/> Chapter 11 <input checked="" type="checkbox"/> Chapter 13 <input type="checkbox"/> Chapter 9 <input type="checkbox"/> Chapter 12 <input type="checkbox"/> Sec. 304 - Case ancillary to foreign proceeding					
Nature of Debts (Check one box)					Filing Fee (Check one box)		
<input checked="" type="checkbox"/> Consumer/Non-Business <input type="checkbox"/> Business					<input type="checkbox"/> Full Filing Fee attached <input checked="" type="checkbox"/> Filing Fee to be paid in installments (Applicable to individuals only) Must attach signed application for the court's consideration certifying that the filing fee except in installments.		
Chapter 11 Small Business (Check all boxes that apply)					U.S. Bankruptcy Court Northern District Of Illinois Filed: 10/03/2005 Time: 10:46:18 Debtor: HEREFORD JOHNSON Case: 05-42865 Chapter: 13 Rec. #: 3139363 Judge: Bruce Black Fee: 20 341 mts: 11/23/2005 @ 09:30AM Conf Hrg: 12/09/2005 @ 11:00AM Trustee: GLENN STEARNS		
Statistical/Administrative Information (Estimates only)							
<input type="checkbox"/> Debtor estimates that funds will be available for distribution to unsecured creditors. <input checked="" type="checkbox"/> Debtor estimates that, after any exempt property is excluded and administrative expense be no funds available for distribution to unsecured creditors.							
Estimated Number of Creditors	1-15	16-49	50-99	100-199	200-999	10+	
Estimated Assets	\$0 to \$50,000 <input checked="" type="checkbox"/>	\$50,001 to \$100,000 <input type="checkbox"/>	\$100,001 to \$500,000 <input type="checkbox"/>	\$500,001 to \$1 million <input type="checkbox"/>	\$1,000,001 to \$10 million <input type="checkbox"/>	\$10,000,001 to \$50 million <input type="checkbox"/>	\$50 million to \$1 billion <input type="checkbox"/>
Estimated Debts	\$0 to \$50,000 <input checked="" type="checkbox"/>	\$50,001 to \$100,000 <input type="checkbox"/>	\$100,001 to \$500,000 <input type="checkbox"/>	\$500,001 to \$1 million <input type="checkbox"/>	\$1,000,001 to \$10 million <input type="checkbox"/>	\$10,000,001 to \$50 million <input type="checkbox"/>	\$50 million to \$1 billion <input type="checkbox"/>



1:05BK42865-BK001

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FORM B1, Page 2

Voluntary Petition <i>(This page must be completed and filed in every case)</i>		Name of Debtor(s): <u>Hereford and Pamela Johnson</u>	
Prior Bankruptcy Case Filed Within Last 6 Years (If more than one, attach additional sheet)			
Location Where Filed:	Will County	Case Number:	00B13057
Date Filed: 2000/4/29			
Pending Bankruptcy Case Filed by any Spouse, Partner or Affiliate of this Debtor (If more than one, attach additional sheet)			
Name of Debtor:	Case Number:	Date Filed:	
District:	Relationship:	Judge:	

Signatures

Signature(s) of Debtor(s) (Individual/Joint)

I declare under penalty of perjury that the information provided in this petition is true and correct.
[If petitioner is an individual whose debts are primarily consumer debts and has chosen to file under chapter 7] I am aware that I may proceed under chapter 7, 11, 12 or 13 of title 11, United States Code, understand the relief available under each such chapter, and choose to proceed under chapter 7.

I request relief in accordance with the chapter of title 11, United States Code, specified in this petition.

X Hereford Johnson

Signature of Debtor

X John Johnson

Signature of Joint Debtor

815 436-3117

Telephone Number (If not represented by attorney)

911 05

Date

Signature of Attorney

X

Signature of Attorney for Debtor(s)

Printed Name of Attorney for Debtor(s)

Firm Name

Address

Telephone Number

Date

Signature of Debtor (Corporation/Partnership)

I declare under penalty of perjury that the information provided in this petition is true and correct, and that I have been authorized to file this petition on behalf of the debtor.

The debtor requests relief in accordance with the chapter of title 11, United States Code, specified in this petition.

X

Signature of Authorized Individual

Printed Name of Authorized Individual

Title of Authorized Individual

Date

Exhibit A

(To be completed if debtor is required to file periodic reports (e.g., forms 10K and 10Q) with the Securities and Exchange Commission pursuant to Section 13 or 15(d) of the Securities Exchange Act of 1934 and is requesting relief under chapter 11)

Exhibit A is attached and made a part of this petition.

Exhibit B

(To be completed if debtor is an individual whose debts are primarily consumer debts)

I, the attorney for the petitioner named in the foregoing petition, declare that I have informed the petitioner that [he or she] may proceed under chapter 7, 11, 12, or 13 of title 11, United States Code, and have explained the relief available under each such chapter.

X

Signature of Attorney for Debtor(s)

Date

Exhibit C

Does the debtor own or have possession of any property that poses a threat of imminent and identifiable harm to public health or safety?

Yes, and Exhibit C is attached and made a part of this petition.

No

Signature of Non-Attorney Petition Preparer

I certify that I am a bankruptcy petition preparer as defined in 11 U.S.C. § 110, that I prepared this document for compensation, and that I have provided the debtor with a copy of this document.

Printed Name of Bankruptcy Petition Preparer

Social Security Number

Address

Names and Social Security numbers of all other individuals who prepared or assisted in preparing this document:

If more than one person prepared this document, attach additional sheets conforming to the appropriate official form for each person.

X

Signature of Bankruptcy Petition Preparer

Date

A bankruptcy petition preparer's failure to comply with the provisions of title 11 and the Federal Rules of Bankruptcy Procedure may result in fines or imprisonment or both 11 U.S.C. § 110; 18 U.S.C. § 156.

FORM B6D
(6/90)

In re Hereford & Pamela Johnson
Debtor

Case No. _____
(If known)

SCHEDULE D .. CREDITORS HOLDING SECURED CLAIMS

State the name, mailing address, including zip code, and account number, if any, of all entities holding claims secured by property of the debtor as of the date of filing of the petition. List creditors holding all types of secured interests such as judgment liens, garnishments, statutory liens, mortgages, deeds of trust, and other security interests. List creditors in alphabetical order to the extent practicable. If all secured creditors will not fit on this page, use the continuation sheet provided.

If any entity other than a spouse in a joint case may be jointly liable on a claim, place an "X" in the column labeled "Codebtor," include the entity on the appropriate schedule of creditors, and complete Schedule H - Codebtors. If a joint petition is filed, state whether husband, wife, both of them, or the marital community may be liable on each claim by placing an "H," "W," "J," or "C" in the column labeled "Husband, Wife, Joint, or Community."

If the claim is contingent, place an "X" in the column labeled "Contingent." If the claim is unliquidated, place an "X" in the column labeled "Unliquidated." If the claim is disputed, place an "X" in the column labeled "Disputed." (You may need to place an "X" in more than one of these three columns.)

Report the total of all claims listed on this schedule in the box labeled "Total" on the last sheet of the completed schedule. Report this total also on the Summary of Schedules.

Check this box if debtor has no creditors holding secured claims to report on this Schedule D.

CREDITOR'S NAME AND MAILING ADDRESS INCLUDING ZIP CODE	CODEBTOR <input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	DATE CLAIM WAS INCURRED, NATURE OF LIEN, AND DESCRIPTION AND MARKET VALUE OF PROPERTY SUBJECT TO LIEN	CONTINGENT <input type="checkbox"/>	UNLIQUIDATED <input type="checkbox"/>	DISPUTED <input type="checkbox"/>	AMOUNT OF CLAIM WITHOUT DEDUCTING VALUE OF COLLATERAL	UNSECURED PORTION, IF ANY
ACCOUNT NO. <u>Chase Mortgag</u> <u>Mortgage</u>	J O I N T	Automobile Debt to Chase Debt to Chase Value \$ 242,000				242,000	0
ACCOUNT NO. 1307314 <u>Capital One</u> P.O. Box 260848 Plano TX 75026		Automobile Balance 2002 Dodge Caravan Trade in value Value \$ 6000.00				17,304.53	11,304.53
ACCOUNT NO. 0046297370 <u>Toyota</u> P.O. Box 8026 Cedar Rapids IA 52408		Automobile Balance 2004 Ford Taurus Trade in value Value \$ 7895				17,000	12,105
ACCOUNT NO.		Value \$					

continuation sheets attached

Subtotal (Total of this page)	\$ 34,304.53
Total (Use only on last page)	\$ 34,304.53

(Report total also on Summary of Schedules)

In re Hereford's Pamela Johnson
Debtor

Case No. _____
(If known)

SCHEDULE F- CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS

State the name, mailing address, including zip code, and account number, if any, of all entities holding unsecured claims without priority against the debtor or the property of the debtor, as of the date of filing of the petition. Do not include claims listed in Schedules D and E. If all creditors will not fit on this page, use the continuation sheet provided.

If any entity other than a spouse in a joint case may be jointly liable on a claim, place an "X" in the column labeled "Codebtor," include the entity on the appropriate schedule of creditors, and complete Schedule H - Codebtors. If a joint petition is filed, state whether husband, wife, both of them, or the marital community maybe liable on each claim by placing an "H," "W," "J," or "C" in the column labeled "Husband, Wife, Joint, or Community."

If the claim is contingent, place an "X" in the column labeled "Contingent." If the claim is unliquidated, place an "X" in the column labeled "Unliquidated." If the claim is disputed, place an "X" in the column labeled "Disputed." (You may need to place an "X" in more than one of these three columns.)

Report total of all claims listed on this schedule in the box labeled "Total" on the last sheet of the completed schedule. Report this total also on the Summary of Schedules.

Check this box if debtor has no creditors holding unsecured claims to report on this Schedule F.

CREDITOR'S NAME AND MAILING ADDRESS INCLUDING ZIP CODE	CODEBTOR Husband, Wife, Joint or Community	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
ACCOUNT NO. 3768509 Central Dup Hospital Dept 4698 Carol Stream IL 60122	W	MEDICAL BILL (surgery) DOS 7/26-7/29/04 MEDICAL BILL (surgery) DOS 1/27-1/28 Acct# 4001025				\$ 360.00 \$ 100.00
ACCOUNT NO. Com ED P.O. Box 87522 Chicago IL 60680	J	Electric				\$ 450.05
ACCOUNT NO. ██████████ Edward Hospital 801 S Washington Naperville IL 60540 Attn: Patient Accts	W	E029676491 MEDICAL BILL DOS 2/26/04				\$ 100
ACCOUNT NO. E030641153 801 S Washington Naperville IL 60540 Attn: Patient Accts		MEDICAL BILL DOS 6/1/04				75.00
continuation sheets attached						Subtotal ► \$ 1094.05
Total ► \$ 1094.05 (Report also on Summary of Schedules)						

In re Worford; Pamela Johnson,
Debtor

Case No. _____
(If known)

SCHEDULE F- CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS

State the name, mailing address, including zip code, and account number, if any, of all entities holding unsecured claims without priority against the debtor or the property of the debtor, as of the date of filing of the petition. Do not include claims listed in Schedules D and E. If all creditors will not fit on this page, use the continuation sheet provided.

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Report total of all claims listed on this schedule in the box labeled "Total" on the last sheet of the completed schedule. Report this total also on the Summary of Schedules.

Check this box if debtor has no creditors holding unsecured claims to report on this Schedule F.

CREDITOR'S NAME AND MAILING ADDRESS INCLUDING ZIP CODE	CODEBTOR <input checked="" type="checkbox"/>	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.	CONTINGENT <input type="checkbox"/>	UNLIQUIDATED <input type="checkbox"/>	DISPUTED <input type="checkbox"/>	AMOUNT OF CLAIM
ACCOUNT NO. 433253550 ELMC Group P.O. Box 8809 Suite 200 7325 Beaufont Springs Dr. Richmond, VA 23225-0509	<input checked="" type="checkbox"/> W	Student loan 1981	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	24,121.41
ACCOUNT NO. 6230701416 Aicor P.O. Box 2020 Aurora CO 80050-2020	<input checked="" type="checkbox"/> J	Gas Utility	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	385.00
ACCOUNT NO. 6002183152 Sprint P.O. Box 6419 Carol Stream IL 60197	<input checked="" type="checkbox"/>	Telephone	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	2100.00
ACCOUNT NO. 6306971973 Sprint PC P.O. Box 7086 London KY 40742	<input checked="" type="checkbox"/>	Telephone cell	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	690.00

continuation sheets attached

Subtotal ► \$ 25,596.41

Total ► \$ 25,596.41
(Report also on Summary of Schedules)

FORM B6F (Official Form 6F) (9/97)

In re Hereford Pamela Johnson
Debtor

Case No. _____
(If known)

SCHEDULE F- CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS

State the name, mailing address, including zip code, and account number, if any, of all entities holding unsecured claims without priority against the debtor or the property of the debtor, as of the date of filing of the petition. Do not include claims listed in Schedules D and E. If all creditors will not fit on this page, use the continuation sheet provided.

If any entity other than a spouse in a joint case may be jointly liable on a claim, place an "X" in the column labeled "Codebtor," include the entity on the appropriate schedule of creditors, and complete Schedule H - Codebtors. If a joint petition is filed, state whether husband, wife, both of them, or the marital community maybe liable on each claim by placing an "H," "W," "J," or "C" in the column labeled "Husband, Wife, Joint, or Community."

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Report total of all claims listed on this schedule in the box labeled "Total" on the last sheet of the completed schedule. Report this total also on the Summary of Schedules.

Check this box if debtor has no creditors holding unsecured claims to report on this Schedule F.

CREDITOR'S NAME AND MAILING ADDRESS INCLUDING ZIP CODE	CODETOR CODETOR	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
ACCOUNT NO. E031044499 Edward Hospital 801 S Washington Naperville Illinois 60540 Attn: Patient Account	W	MEDICAL BILL DOS 7/31/04 - 8/4/04				\$ 300.00
ACCOUNT NO. ED31302847 Edward Hospital 801 S Washington Naperville Illinois 60540 Attn: Patient Account	W	MEDICAL BILL DOS 8/30/04				\$ 50.00
ACCOUNT NO. E032614133 Edward Hospital 801 S Washington Naperville IL 60540 Attn: Patient Account	W	MEDICAL BILL 1/24/05				\$ 50.00
ACCOUNT NO. CTH16025 S & S Lending P.O. 1121 South Military Trail # 303 Deerfield Beach FL 33402	S	ADVERTISING LOAN				\$ 1537.85

continuation sheets attached

Subtotal ►	\$ 1937.85
Total ►	\$ 1937.85
(Report also on Summary of Schedules)	